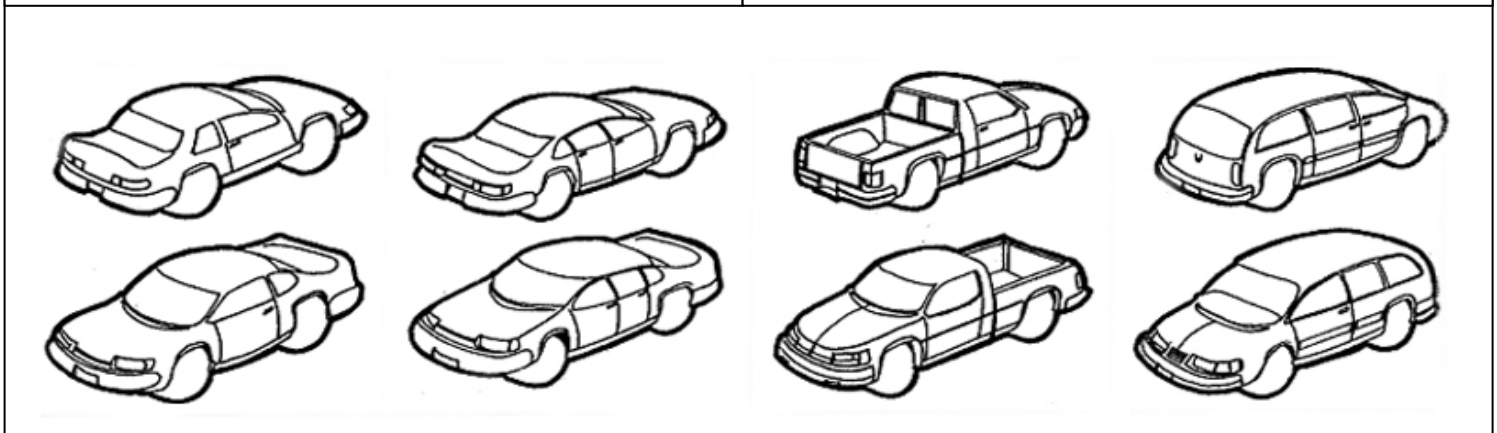




VEHICLE CHECK-IN & CUSTOMER EXPERIENCE REPORT

NAME		DATE		WRITTEN BY:
ADDRESS		CITY, ST, ZIP		DATE PROMISED:
BUSINESS PHONE		HOME PHONE		CLAIM NUMBER:
FUEL <u> F </u> <u> 3/4 </u> <u> 1/2 </u> <u> 1/4 </u> <u> E </u>	YR, MAKE, MODEL		COLOR	
MILEAGE IN	MILEAGE OUT	VIN	ADJUSTER:	

INTERIOR CONDITION AND EQUIPMENT				MISCELLANEOUS EQUIPMENT	
D=DAMAGED O=OPERATIONAL I= ITEMS MISSING = NO VISIBLE DAMAGE R= REPAIRS NEEDED N/A = NOT APPLICABLE				<u> </u> RADIO CODE <u> </u> RADIO ANTENNA <u> </u> PHONE ANTENNA <u> </u> CB ANTENNA <u> </u> HORN <u> </u> SUNROOF <u> </u> POWER WINDOWS <u> </u> POWER LOCKS <u> </u> CLIMATE CONTROL <u> </u> EXTERIOR LIGHTS <u> </u> CELLULAR PHONE	
L/F	L/R	R/F	R/R	<u> </u> RUNNING BOARDS <u> </u> MUD GUARDS <u> </u> WIPER ARMS <u> </u> SPARE TIRE <u> </u> JACK <u> </u> WHEEL COVERS <u> </u> WHEEL LOCK <u> </u> PINSTripES	
<u> </u>	<u> </u>	<u> </u>	<u> </u>	PAINT CONDITION <u> </u> ACID RAIN <u> </u> CHECKING <u> </u> FADED <u> </u> COLOR MATCH OFF <u> </u> OVERSPRAY <u> </u>	
DOOR PANELS SEAT CENTER CONSOLE DASH PANEL HEADLINER CARPETS FLOORMATS # OF <u> </u> RADIO MIRRORS INTERIOR LIGHTS <u> </u> ALARM SYS CODE <u> </u>					



WE HAVE RECORDED ANY DAMAGE ON YOUR VEHICLE THAT IS UNRELATED TO THE AUTHORIZED REPAIRS. BY HAVING YOURSELF AND OUR REPRESENTATIVE REVIEW THESE AREAS TOGETHER, YOU CAN BE ASSURED OF THE BEST POSSIBLE SERVICE FROM OUR FIRM. WE HAVE INDICATED EACH AREA OF DAMAGE OR PAINT BLEMISH, ALONG WITH MISCELLANEOUS OTHER ITEMS. PLEASE FEEL FREE TO ASSIST US WHILE WE FILL OUT THIS FORM.

CUSTOMER SIGNATURE: * _____ DATE: _____

IMPROVING THE CUSTOMER EXPERIENCE IS A TOP PRIORITY FOR THE ALLSTATE INSURANCE COMPANY. KEEPING CUSTOMERS INFORMED THROUGHOUT THE CLAIM PROCESS IS AN IMPORTANT PART OF THAT EXPERIENCE. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM. AS AN ALLSTATE GOOD HANDS® REPAIR NETWORK SHOP, WE CAN CONTACT AN ALLSTATE REPRESENTATIVE IN THE CLAIMS OFFICE TO ASSIST YOU WITH ANY QUESTIONS YOU MAY HAVE.

I HAVE BEEN KEPT INFORMED: YES _____ NO _____

IF NO, THE SHOP MANAGER SHOULD CONTACT THE LOCAL MCO AND REQUEST A FOLLOW-UP CALL TO THE CUSTOMER BE MADE BY THE ALLSTATE GOOD HANDS® REPAIR ADMINISTRATOR.